

New Jersey Department of Transportation

TRANSPORTATION ENHANCEMENT PROGRAM

1. **Project Title** _____

2. **Location of Project** (Please attach two 8-1/2" x 11" maps; a detailed local map and regional map.)

County(s) _____ Municipality(s) _____

3. **Project Category** Check the category below which best describes the project. (See Section III of brochure for definitions.)

_____ 1. Provision of facilities for
pedestrians and bicycles

_____ 7. Rehabilitation and operation of
historic transportation buildings,
structures and facilities

_____ 2. Provision of safety and
educational activities for
pedestrians and bicyclists

_____ 8. Preservation of abandoned
railway corridors

_____ 3. Acquisition of scenic easements
and scenic or historic sites

_____ 9. Control and removal of outdoor
advertising

_____ 4. Scenic or historic highway
programs

_____ 10. Archeological planning and
research

_____ 5. Landscaping and other scenic
beautification

_____ 11. Environmental mitigation to
address water pollution

_____ 6. Historic preservation

_____ 12. Establishment of transportation-
related museums

4. **Brief Project Description**

5. **Applicant** Name of responsible person and position, organization and address. (If applicable, list your non-profit status and Federal Tax Identification Number.)

Telephone No.: _____ Fax No.: _____
 E-Mail address: _____

6. **Ownership** Organization responsible for long-term maintenance.

7. **Person Who Prepared Application (if different from applicant)** Include organization and telephone number.

8. **Amount of Funding Requested** \$ _____
 Minimum to be considered \$100,000

9. **Estimated Total Project Cost** \$ _____

10. **Project Cost Breakdown (Subtotals)**

Project Phase	Total Estimate	Amount Requested
Design	\$ _____	\$ _____
Construction Management	\$ _____	\$ _____
Construction	\$ _____	\$ _____

11. **List Other Committed Sources of Project Funding and Amounts**

The total supplemental funds and Enhancement funds requested must equal 100% of project cost.

12. **Project Schedule** Provide anticipated start dates for the following project development phases, where applicable.

Design	<hr/>	Construction	<hr/>
	<hr/>		

13. **List all known Environmental and Construction Permits**

14. **Endorsements – Must accompany applications**

Attach letters of support, endorsements, resolutions, etc. from any or all of the following: Individuals, citizen groups, business organizations, municipalities, counties, regional or state agencies, elected officials, and non-profit organizations.

15. **Project Description**

Describe in detail the location of the project (with cross streets), the size of the project, the full scope of the project, the existing conditions, scope of anticipated enhancement work, cost estimates for all tasks, project objectives, physical connections and linkages and please indicate if there is a smaller, stand alone component which meets all the criteria. Project must be for a complete, identifiable and usable facility or activity. Try to limit pages for this section to no more than three 8-1/2" x 11" pages.

16. **Project Benefits**

Using the selection criteria listed below, describe how the project meets each criteria. This write-up is the fundamental basis for the Advisory Committee evaluations. Please explain how your project meets the goals of the program and why it should be selected. List and address each of the following applicable selection criteria. Be concise. Limit this section to three 8-1/2"x 11" pages.

Selection criteria:

- a. Transportation related
- b. Readiness for construction/implementation
- c. Maintenance commitment
- d. Supplemental funds
- e. User impact
- f. Regional or community benefits
- g. Element of a larger plan
- h. Timing/urgency
- i. Economic/tourism benefit
- j. Value as a cultural/historic resource
- k. Community support
- l. Top 140 Urban Aid Communities

17. **Signature of Applicant**

**Dat
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**Submit eight (8) copies of
your application to:**

David A. Kuhn, Director
Division of Local Aid
and Economic Development
New Jersey Department of Transportation
1035 Parkway Avenue
P. O. Box 600
Trenton, NJ 08625